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**TRANSMITTAL
FORM**

(To be used for all correspondence
after initial filing)

Application Number	09/444,281
Filing Date	November 19, 1999
First Named Inventor	Jan Burian
Art Unit	1653
Examiner Name	SCHNIZER, Holly G.
Attorney Docket No.	660081.411

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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number _____ of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Jeffrey C. Pepe, Ph.D. Reg. No. 46,985	Customer Number 00500
Signature		
Date	23-Dec-2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date:



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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE - EXAMINING GROUP 1650

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants : Jan Burian and Daniel Bartfeld
Application No. : 09/444,281
Filed : November 19, 1999
For : *EFFICIENT METHODS FOR PRODUCING ANTIMICROBIAL CATIONIC PEPTIDES IN HOST CELLS*

Examiner : SCHNIZER, Holly G.
Art Unit : 1653
Docket No. : 660081.411
Date : December 23, 2003

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY AND AMENDMENT PURSUANT TO 37 C.F.R. §§1.116 AND 1.121

Commissioner:

In response to the Office Action dated October 7, 2003, please amend the application as follows:

Amendments to the claims are reflected in the **Listing of Claims**, which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.